

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 22 1941

Registration District No.

791

Primary Registration District No.

1003

Registrar's No.

9455

1. PLACE OF DEATH:

(a) County.....  
(b) City or town. St. Louis.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
On Street. 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
in this community.....  
years, months or days)

3. (a) PRINT  
FULL NAME Joseph H. Bolte.

3. (b) If veteran, name war. No. 3. (c) Social Security No. ....

4. Sex Male. 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife. Anna Bolte 6. (c) Age of husband or wife if alive. 51 years  
7. Birth date of deceased. March 27 1885.  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
56 8 0 hr. min.

9. Birthplace St. Louis, Missouri. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Candy Peddler.

11. Industry or business.....

MOTHER FATHER { 12. Name John Bolte.  
13. Birthplace Unknown. 9  
(City, town, or county) (State or foreign country)  
14. Maiden name. Elizabeth Roskow.  
15. Birthplace Unknown. 9  
(City, town, or county) (State or foreign country)

16. (a) Informant. Frank S. Maldman

(b) Address. 1942a Rear Warren St.

17. (a) Burial (b) Date thereof. 11-29-41.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Calvary Cem.

18. (a) Signature of funeral director. Hy. Leidner Und. Co.

(b) Address. 2223 St. Louis Ave.

19. (a) NOV 28 1941 (b) J. F. Brudeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County.....  
(c) City or town. St. Louis.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1942a Rear Warren St.  
(If rural, give location)  
(e) Attending Physician  
yes name country (Yes or No)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 27  
year 1941 hour 2 minute 0 M.

21. I hereby certify that I attended the deceased from.....  
19..... to..... 19.....

that I last saw him alive on..... 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration

Coronary Sclerosis  
Arteriosclerosis

Due to.....

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?.....  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work..... (Specify type of place)  
(c) Means of injury.....

23. Signature W. J. Perry (M. D. or other)

Address 1428 1/2 Date signed 11/28/41

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *Homer L. Ponder* .....

Licensed Embalmer No. *3367*

P. O. Address. *2223 St. Louis*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**